

Dec. 8, 2005

From: Nebraska Health and Human Services System

Sent to: Health Care Providers, Infection Control Professionals, and Laboratories

### **Recognition and management of patients at increased risk for avian influenza A (H5N1)**

*There is currently no evidence of sustained human-to-human transmission of avian influenza A(H5N1) and risk to travelers is low.* We remain in CDC/WHO Pandemic Alert Phase 3. The following recommendations are specific to the current situation, and are being sent to you due to the increased interest in avian influenza by the media and the public.

The U.S. Department of Health and Human Services' Pandemic Influenza Plan contains valuable, detailed clinical guidance for health care providers, infection control professionals, and laboratorians. Please refer to it for more detailed information (<http://www.hhs.gov/pandemicflu/plan/> , particularly Part 2 - Public Health Guidance Supplements).

Health care providers should **ask about travel** to areas affected by avian influenza in patients with severe respiratory illness without a clear alternative diagnosis. If a patient's clinical and travel history suggest the possibility of avian influenza (see table below), the public health department (local and/or state, depending on your area as noted below) should be contacted immediately (24/7).

Clinical Criteria		Epidemiological Criteria
Hospitalized patient with		History of <b>travel</b> within 10 days of onset to a country with documented avian influenza A (H5N1) infections in poultry or humans*
▪ <b>severe respiratory illness</b> (i.e. x-ray evidence of pneumonia, ARDS) and	-AND-	
▪ no alternative diagnosis		
	-OR-	
Any ill patient with		History of <b>close contact</b> either with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) in an H5N1-affected country, or with a known or suspected human case of influenza A (H5N1) within 10 days prior to onset of symptoms.
▪ documented <b>fever</b> (>100.4F, >38C) and	-AND-	
▪ One or more of: cough, sore throat, or shortness of breath		

\*For a regularly updated listing of H5N1-affected countries, see the OIE animal health website at [http://www.oie.int/eng/en\\_index.htm](http://www.oie.int/eng/en_index.htm) and the World Health Organization website at <http://www.who.int/en/>

#### **Infection Control and Laboratory Guidelines**

A patient who meets the above criteria should be promptly placed in negative air-flow isolation, with contact, droplet, and airborne precautions immediately. Collect contact information regarding potentially exposed close contacts of the suspect case-patient.

If possible, all of the following respiratory specimens should be collected for novel influenza A virus testing using appropriate personal protective equipment: 1) nasopharyngeal swab; 2) nasal swab, wash, or aspirate; 3) throat swab; and 4) tracheal aspirate (for intubated patients). Store specimens at 4°C in viral transport media until transported or shipped for testing. Acute and convalescent serum samples and other available clinical specimens (respiratory, blood, and stool) should be saved and refrigerated or frozen for additional testing until a specific diagnosis is made.

Clinical laboratories should not attempt to conduct any tests on specimens from these patients. After obtaining approval, specimens should be immediately shipped to the NPHL, using established procedures and shipping guidelines.

#### **To contact a public health official regarding reportable diseases:**

**Douglas County**  
444-7214 (work hours)  
444-7000 (after hours)

**Lancaster County**  
441-8053 (work hours)  
441-8000 (after hours,  
request Communicable  
Disease Program)

**All other counties:**  
402-471-1983 (all hours)